

Critical discourse analysis of social media responses to GP-performed caesarean section policy in Indonesia

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ABSTRACT

The Indonesian Minister of Health stated that general practitioners (GPs) could perform caesarean sections under certain circumstances, sparking public discussion on the social media platform X (formerly Twitter), particularly regarding clinical safety and policy implementation. Using critical discourse analysis (CDA) and drawing on van Leeuwen's (2008) social actor representation framework, this study examines how key actor groups, namely the Minister of Health, GPs, OB-GYNs, and pregnant women, are linguistically represented in public posts. These actors were examined because they constitute the main institutional decision-maker, the professional groups most directly invoked in the debate, and the primary affected subjects in the context of childbirth care. The findings show recurring representational patterns that produce an apparent asymmetry in how actors are positioned within the discourse. The Minister of Health is frequently activated and personalized through repeated attribution of agency and informal nomination, which renders his role especially visible and discursively central. By contrast, GPs and OB-GYNs are commonly functionalized and passivated through occupational and institutional role labels that cast them as professional categories rather than as individual speakers. At the same time, pregnant women are represented through relational and vulnerability-oriented framings that link them to risk and consequence. Taken together, these patterns characterise how actors in social media discourse are positioned through linguistic representation, particularly with respect to agency, responsibility, and visibility.

Keywords: Casarean section; critical discourse analysis; Indonesia; social actor representation; social media

Received:

10 August 2025

Accepted:

26 January 2026

Revised:

12 November 2025

Published:

30 January 2026

How to cite (in APA style):

Yuwono, U. (2026). Critical discourse analysis of social media responses to GP-performed caesarean section policy in Indonesia. *Indonesian Journal of Applied Linguistics*, 15(3), 645-658. <https://doi.org/10.17509/w88vdm13>

INTRODUCTION

Language is a fundamental instrument for sharing power in society. In political contexts, language does more than communicate ideas. It primarily aims to influence audiences and shape public opinion rather than merely transmitting facts (Valerevna & Rakhmatovna, 2022). Because of this, analyzing language, especially through critical discourse analysis (CDA), is essential for understanding how power and beliefs work through communication. Political discourse is not only a collection of statements; it has always been primarily linguistic in nature and serves as a site of meaning-making, characterized by complex,

multidirectional dialogues between media and policymakers, between political actors and the public, and between media and the public (Kirvalidze, 2016).

In May 2025, Indonesia's Minister of Health publicly stated that general practitioners (GPs) may perform cesarean sections (C-sections) under certain circumstances. The proposal was motivated by the World Health Organization's (WHO) task shifting concept and the pressing need to provide C-section services in areas where obstetricians and gynecologists (OB-GYNs) are scarce, particularly in Indonesia's remote, frontier, and outermost regions.

Consequently, the proposal emerged as the Minister's response to the limited distribution of OB-GYNs across vast rural areas of the country, such as Nias Island, Taliabu, and the interior of Sumba, where many pregnant women have died due to inadequate access to essential healthcare services (Mardianti, 2025).

Task shifting has been promoted globally as a response to workforce shortages. However, its success depends heavily on several key factors, including suitable infrastructure and clear regulatory frameworks (World Health Organization, 2012). While C-sections can be life-saving when medically indicated, concerns arise when they are performed by providers without specialist-level training. In Indonesia, experts emphasize that improving perinatal outcomes requires stronger referral systems and more equitable distribution of OB-GYNs (Wenang et al., 2024). Safe delivery practices are also shaped by multiple social and economic determinants, particularly in rural areas (Efendi et al., 2020). Amid these challenges, the proposal has sparked controversy across various segments of society, including the digital world. Social media has become one of the primary arenas for this controversy, where debates over patient safety and the direction of national health policy take place. As social media increasingly serves as a platform for public discourse, it also shapes policy narratives through language. Within this environment, users can simultaneously produce content, engage in interpersonal or mass communication, and react to institutionally or peer-generated content (Kopf, 2025). Among popular social media platforms today, X (formerly Twitter) is among the most frequently used. Given its predominantly word-based posts, X presents a suitable medium for conducting CDA.

From a CDA perspective, public reactions to the Minister's statement can be viewed as social practices, involving a dialectical relationship between discursive events and the social structures, institutions, and situations that frame them (Wodak, 2011). CDA views language not as a neutral medium but as a tool that actively shapes power relations, ideology, and social identities (Singh, 2025). This study adopts van Leeuwen's social actor representation framework, which outlines systematic ways in which individuals and groups are portrayed or obscured in discourse. Van Leeuwen identifies two foundational strategies: inclusion and exclusion, whether social actors are mentioned explicitly or entirely backgrounded, and role allocation, whether actors are depicted as active agents or passive recipients of action (van Leeuwen, 2008). The choice to represent social actors as present or absent in a text carries significant discursive consequences. Practices of exclusion, whether by altogether omitting actors or relegating them to the background, may blur lines of responsibility,

marginalize certain participants, or detach actions from those who perform them. Conversely, inclusion enables the assignment of agency, accountability, or authority to specific actors (van Leeuwen, 2008). Moreover, inclusion is closely linked to role allocation, as actors who are explicitly mentioned may still be discursively downplayed through strategies such as passivation, nominalization, or abstraction, thereby constraining how their capacity for action is represented (van Leeuwen, 2008). For example, accountability may be diffused through passive phrasing like "the policy was enacted", where the responsible actors are excluded, or when actors are grammatically positioned as recipients rather than initiators of action, as in "patients were instructed by health officials". This is exemplified in a study by Bull and Fetzer (2006, p. 3), which shows that, in political discourse, especially in political interviews, social actors can be addressed strategically using determinate forms that clearly identify the referent, or indeterminate forms that leave the referent generic.

International scholarship has extensively explored discourse and health communication across diverse settings, social actors, and forms of interaction. Using the discourse-historical approach within Critical Discourse Analysis (CDA), Wodak (2021) analyzes health communication in times of crisis, including the COVID-19 pandemic, and shows how public health discourse negotiates notions of responsibility, authority, and legitimacy through argumentation patterns and references to historical contexts. Lupton (2014) adopts a sociocultural and discursive lens to examine health communication related to risk, digital technologies, and self-monitoring practices, demonstrating how health discourses shape subjectivities and normative expectations regarding bodies and conduct. Seale's (2003) earlier research focuses on media and institutional portrayals of health and illness, illustrating how discursive narratives of suffering, expertise, and normality are constructed and disseminated, frequently prioritizing professional perspectives over those of patients. Moreover, other research has also examined how health issues are discussed in digital spaces. For example, Lazard et al. (2017) analyze public responses to e-cigarette regulations on social media through text mining methods, highlighting how social media platforms serve as sites where public reactions to health policies are expressed and debated.

Despite growing interest in discourse and health communication, CDA research in Indonesia remains relatively limited, with a focus primarily on formal institutional texts. For example, Liando et al. (2022) apply van Dijk's CDA model to analyze the macro-, super-, and microstructures of a presidential address on public health regulation. Similarly, Apriliani (2022) employs Fairclough's three-

dimensional framework to examine a regional leader's speech, highlighting representations of leadership and institutional power. While these studies contribute insights into elite health-related discourse, their focus on monologic political texts leaves less attention to how health policies are discussed in everyday public communication, particularly in digital spaces. Addressing this gap, our study shifts attention from institutional speeches to user-generated social media discourse. This study focuses on how social actors are linguistically represented in public responses to the Indonesian Health Minister's proposal on social media. Using van Leeuwen's (2008) framework of social actor representation, it examines the recurring representational strategies that position key actors in each post. Rather than evaluating the policy itself or assessing its effects on public opinion, this qualitative study analyzes patterns of language use to understand how actors in the debate are discursively positioned within the social media discussion surrounding healthcare policy.

METHOD

To investigate the representation key actor groups, like the Minister of Health, GPs, OB-GYNs, and pregnant women, are linguistically represented in public posts, the data were collected from the social media platform X (formerly Twitter) in May 2025, during the period when public reactions emerged in response to a statement by the Indonesian Minister of Health on the possibility of general practitioners (GPs) performing caesarean section procedures under certain circumstances. The issue attracted public attention because it intersects with longstanding concerns about patient safety and professional boundaries, particularly in the context of childbirth. Such moments of controversy are analytically significant because they allow examination of how different actors are linguistically positioned within public discourse. The collected posts are treated not as isolated expressions of individual opinion, but as discourse events situated within a broad public discussion. Accordingly, the analysis focuses on how social actors are linguistically framed in the discourse, rather than on user demographics or levels of influence.

Data were retrieved through API access using an automated data pipeline developed with n8n.io, an open-source workflow automation tool. This pipeline enabled the scheduled extraction of public posts containing keywords relevant to the discourse surrounding GPs and caesarean section practice in Indonesia. To ensure the relevance of collected data, a Boolean strategy was designed with the focus on three main keywords: (1) the Indonesian Minister of Health, (2) general practitioners (GPs), and (3) cesarean sections, using both formal and informal Indonesian terms (e.g., "menkes," "dokter umum,"

"operasi sesar"). This approach helped capture diverse user expressions and ensured a broader representation.

The collected posts were automatically stored in a Google Sheet for initial preprocessing. Only non-private posts were included in compliance with ethical standards for social media research. Irrelevant content was removed, including posts that (a) did not refer to the Minister of Health's statement or the proposed GP-performed caesarean section policy, (b) consisted solely of hyperlinks, emojis, or non-linguistic material, or (c) were purely promotional or unrelated commentary. Following deduplication and filtering, the resulting initial dataset consisted of 500 posts.

From this dataset, a purposive sampling strategy was employed to select posts for close qualitative analysis. In line with the analytic focus, posts were selected not based on popularity, engagement metrics, or author prominence, but on their suitability for close discourse analysis. Specifically, posts were chosen for their content-rich, linguistically explicit representations of social actors, including the Minister of Health, GPs, OB-GYNs, and pregnant women. These actors were selected because they constitute the central institutional decision-maker, the professional groups most directly invoked in the debate, and the subjects most frequently positioned in relation to childbirth care. Sampling continued until analytical saturation was reached, at which point additional posts no longer introduced new representational configurations but instead reiterated patterns already identified.

The analysis is grounded in van Leeuwen's (2008) Social Actor Representation framework, which provides a systematic socio-semantic model for examining how individuals and groups are represented in discourse through strategies such as inclusion and exclusion. This framework conceptualizes social actors not as fixed entities but as discursively constructed roles whose linguistic representations reflect underlying social relations and power dynamics. (2008) Van Leeuwen's (2008) framework was selected because the discourse surrounding the proposed policy mainly revolves around questions of who is granted agency, who bears responsibility, and who is positioned as affected. Within the broad tradition of CDA, the selected framework is particularly well suited to this dataset because it enables detailed clause-level analysis of short, informal texts, where meaning is often condensed into lexical choice and grammatical role assignment. Its focus on representation rather than evaluation aligns with the aims of this study, which seeks to identify patterns in how actors are positioned linguistically rather than to assess attitudes toward the policy itself.

To facilitate the analysis, NVivo 14 was used as a coding support tool. The software was used to

in Tables 1, 2, 3, and 4, primarily through strategies of nomination, activation, categorization, and overdetermination, reflecting his position as the policy figure most directly associated with the proposals discussed in the posts. These strategies

foreground him as the initiator of actions and as the addressee of evaluation, while simultaneously repositioning his institutional identity through informal and functional labels.

Table 1

Post Quotation #1

“ni menteri kesehatan emang kaga sehat anjir, background kesehatan gk ada. ... kemaren bilang drg suruh ngelatih para tukang gigi biar bisa buka praktik terus baru banget bilang dokter umum boleh ngelakuin SC, satu kabinet gk ada yg kompeten”.

Post Excerpt	Social Actor	Representation Strategy	Interpretation
<p><i>“ni menteri kesehatan emang kaga sehat anjir”</i></p> <p>Translation: “This Minister of Health really isn’t ‘healthy.’”</p>	Minister of Health	<ul style="list-style-type: none"> - Nomination via Informalization and Detitulation - Categorization via Appraisalment - Inclusion via Activation 	Referred informally as “this minister of health” with no title or full name (detitulation); emotionally appraised as “really isn’t ‘healthy’”, undermining the actor’s rationality and capacity.
<p><i>“background kesehatan gk ada”</i></p> <p>Translation: “No background in health.”</p>	Minister of Health	<ul style="list-style-type: none"> - Categorization via Functionalization 	The phrase “no background in health” serves as a functionalization strategy, evaluating the Minister not by name or personal traits, but by reference to the lack of professional qualifications expected of someone in their institutional role.
<p><i>“kemaren bilang drg suruh ngelatih para tukang gigi biar bisa buka praktik”</i></p> <p>Translation: “Just recently said dentists should train informal dental workers so they can open their practices.”</p>	Minister of Health, Dentists, Informal Dental Workers	<ul style="list-style-type: none"> - Inclusion via Activation (Minister of Health) - Inclusion via Activation (Dentist) - Categorization via Functionalization (Dentists) - Passivation via Subjection and Beneficialization (Informal Dental Workers) 	The Minister is represented through activation, being explicitly named as the one performing the speech act (“said”), thereby positioning the Minister as the initiator of a controversial policy. Dentists are also activated, constructed as those instructed to take action (“train”), and functionalized by being referred to by their professional title (“drg”). Meanwhile, informal dental workers are passivated in two ways: through subjection, as they are the recipients of training, and through beneficialization, as the clause “so they can open their practices” frames them as the intended beneficiaries of the policy.
<p><i>“baru banget bilang dokter umum boleh ngelakuin SC”</i></p> <p>Translation: “now suddenly says GPs are allowed to perform C-section.”</p>	Minister of Health, GPs	<ul style="list-style-type: none"> - Inclusion via Activation (Minister of Health) - Genericization (GPs) - Categorization via Functionalization (GPs) 	The Minister is again referred to by speech attribution (“said”); GPs are referred to generically by role and categorized by occupational function.
<p><i>“satu kabinet gk ada yg kompeten”</i></p> <p>Translation: “There’s no one competent in the whole cabinet.”</p>	The Cabinet	<ul style="list-style-type: none"> - Assimilation via Collectivization - Impersonalization via Abstraction 	The entire cabinet (“whole cabinet”) was treated as a single collective unit with no individual distinction. The user also uses abstraction, as the group is described by an abstract term (“competent”) rather than a specific fault or action.

Table 2

Post Quotation #2

“Menteri kesehatan melempar wacana-wacana yang sebetulnya gak perlu. Bagaimana standar ruang operasi dan kompetensi dokter spesialis itu disediakan negara agar menjangkau di wilayah terpencil. Andai uang korupsi ratusan Triliun itu balik ke kas negara, berapa Puskesmas yang bisa bertransformasi menjadi Rumah Sakit Umum minimal di setiap kecamatan.”

Post Excerpt	Social Actor	Representation Strategy	Interpretation
<p><i>“Menteri kesehatan melempar wacana-wacana yang sebetulnya gak perlu.”</i></p> <p>Translation: “The Minister of Health keeps throwing out discourses that are unnecessary.”</p>	Minister of Health	<ul style="list-style-type: none"> - Inclusion via Activation - Nomination via Detitulation 	The Minister is activated as the agent of a speech act (“throwing out discourses”) and is referred to by title only without honorific or name (detitulation).
<p><i>“Bagaimana standar ruang operasi dan kompetensi dokter spesialis itu”</i></p>	The State, Specialist/OB-	<ul style="list-style-type: none"> - Passivation via Beneficialization (The 	The state is the active agent performing the action (“prepare”), while specialist doctors

<p><i>disediakan negara agar menjangkau di wilayah terpencil.</i></p> <p>Translation: “How are the standards for operating rooms and specialist doctors' competencies prepared by the state to reach remote regions?”</p>	GYNs	<p>State)</p> <ul style="list-style-type: none"> - Inclusion via Circumstantialization (Specialist/OB-GYNs) 	<p>are not named as the actor but are referenced by their competence, making them action recipients. The competence is passivated and framed as an object provided, showing beneficialization; they benefit from the state's role. The action is also realized circumstantially via the “by the state” phrase.</p>
<p><i>“Andai uang korupsi ratusan Triliun itu balik ke kas negara...”</i></p> <p>Translation: “Imagine if the hundreds of trillions in corruption money were returned to the state treasury.”</p>	Corrupt Actors (implied), The State	<ul style="list-style-type: none"> - Exclusion via Suppression (Corrupt actors) - Objectivation via Instrumentalization (The State) 	<p>The corrupt actors responsible for the stolen funds are entirely excluded (suppressed); they are not mentioned at all, and only the result of their actions (“corrupted money”) is presented. “The state treasury” represents a social actor through instrumentalization. Metonymically, the state treasury is a mechanism or tool used by the state to handle public funds.</p>
<p><i>“Berapa Puskesmas yang bisa bertransformasi menjadi Rumah Sakit Umum minimal di setiap kecamatan.”</i></p> <p>Translation: “How many community health centers (Puskesmas) could be transformed into general hospitals, at least one in every subdistrict.”</p>	Puskesmas (Primary Care Centers), Hospitals, Subdistricts	<ul style="list-style-type: none"> - Objectivation via Spatialization 	<p>The phrase represents social actors indirectly through objectivation via spatialization. Here, primary care centers and hospitals function metonymically, standing in for institutional actors or the healthcare system responsible for transformation, while a specific actor is absent.</p>

Table 3
Post Quotation #3

“inilah kalo mentrinya bukan dari orang kesehatan, kalao bankir yg dijadiin menkes mikirnya gimana caranya ada tapi g perlu duit. bukannya kepikiran itu dokter obgyn yg udh ada ditawarin gaji gede biar bs k daerah2 malah gini. Ngawur!”

Post Excerpt	Social Actor	Representation Strategy	Interpretation
<p><i>“inilah kalo mentrinya bukan dari orang kesehatan”</i></p> <p>Translation: “This is what happens when the minister isn’t someone from the health sector.”</p>	Minister of Health, Health Professionals	<ul style="list-style-type: none"> - Categorization via Functionalization (Minister of Health) - Exclusion via Backgrounding (Health Professionals) 	<p>The Minister is functionally categorized negatively, defined by what he is not (i.e., not from the health profession), discrediting his authority in that role. At the same time, health professionals are backgrounded, not explicitly named but implied as the competent group he does not belong to.</p>
<p><i>“kalao bankir yg dijadiin menkes”</i></p> <p>Translation: “When a banker is chosen as the Minister of Health”</p>	Minister of Health	<ul style="list-style-type: none"> - Determination via Overdetermination - Nomination via Informalization 	<p>The Minister is overdetermined by being linked to two social roles: former banker and current Minister of Health. This juxtaposition creates tension between incompatible domains. He is not referred to by name or title but generically as “banker”, signaling a sarcastic tone that undermines authority.</p>
<p><i>“mikirnya gimana caranya ada tapi g perlu duit”</i></p> <p>Translation: “They think about how to make things happen without spending money.”</p>	Minister of Health	<ul style="list-style-type: none"> - Inclusion via Activation 	<p>The Minister is activated as the agent of flawed reasoning (“think”), portrayed as actively shaping a health policy logic that is disconnected from economic reality. The phrasing implies a naive cost-saving approach.</p>
<p><i>“bukannya kepikiran itu dokter obgyn yg udh ada ditawarin gaji gede biar bs k daerah2 malah gini. Ngawur!”</i></p> <p>Translation: “Instead of considering offering high salaries to the existing ob-gyn doctors so they can go to remote areas, He comes up with this. Nonsense!”</p>	OB-GYNs, Minister of Health	<ul style="list-style-type: none"> - Passivation via Beneficialization (OB-GYNs) - Categorization via Functionalization (OB-GYNs) - Categorization via Appraisalment (Minister of Health) 	<p>OB-GYNs are passivated as beneficiaries of a hypothetical policy, receiving higher salaries to work in rural areas. They are also functionalized by professional role. Then, “Nonsense!” expresses a strong negative judgment.</p>

Table 4

Post Quotation #4

“Menkes keblinger operasi caesar koq cm training oleh dokter umum. Pdhl yg namanya operasi caesar itu jg rumit, krn memyangkut 2 nyawa, bayi dan perut ibunya. Blm lg jk tjd komplikasi slm tindakan operasi di luar prediksi. Kl tjd kematian dan resiko kelompokan atau derita pasien lainnya mau BGS tgg jwb?”

Post Excerpt	Social Actor	Representation Strategy	Interpretation
<p>“Menkes keblinger operasi caesar koq cm training oleh dokter umum.”</p> <p>Translation: “The Minister of Health has gone ‘off track’, how can C-section surgery be handled just through training by a GP?”</p>	Minister of Health, GPs	<ul style="list-style-type: none"> - Nomination via Informalization (Minister of Health) - Categorization via Appraisal (Minister of Health) - Inclusion via Circumstantialization (GPs) - Categorization via Functionalization (GPs) 	The Minister is referred to by the informal abbreviation “Menkes” (informal nomination), emotionally appraised as “off-track”, delegitimizing authority. GPs are passivated (receiving only training), not shown as agents, and are functionally identified by role.
<p>“Pdhl yg namanya operasi caesar itu jg rumit, krn memyangkut 2 nyawa, bayi dan perut ibunya.”</p> <p>Translation: “A C-section is also complicated, because it involves 2 lives, the baby and the mother's womb.”</p>	Baby, Mother	<ul style="list-style-type: none"> - Identification via Relational Identification - Objectivation via Somatization - Determination via Association 	The baby and mother are referenced through familial roles (relational identification), highlighting emotional value. The phrase “mother’s womb” objectifies the mother through a body part (somatization), stressing physical risk. Presented side-by-side, they form an association, a vulnerable unit tied to shared life stakes without being explicitly labeled as a group.
<p>“Kl tjd kematian dan resiko kelompokan atau derita pasien lainnya mau BGS tgg jwb?”</p> <p>Translation: “If unexpected complications arise during the surgery, such as death or risk of paralysis or other patient suffering, is BGS willing to take responsibility?”</p>	Minister of Health, Patients	<ul style="list-style-type: none"> - Nomination via Informalization (Minister of Health) - Inclusion via Activation (Minister of Health) - Passivation via Subjection (Patients) 	The Minister is referred to by initials (“BGS”), a personalized naming that invites direct accountability. He is activated through the interrogative clause “...is BGS willing to take responsibility?” which challenges his willingness to be responsible for harm. Meanwhile, patients are passivated as sufferers, associated with “death” and “paralysis,” emphasizing vulnerability.

This pattern is most prominently realized through informalization and detitulation, in which formal titles are shortened or replaced with colloquial references such as “ni menteri kesehatan” (“this Minister of Health”) and “pak menkes” (“Mr. Minister of Health”), as shown in Table 1. These forms linguistically personalize the actor and distance him from the full institutional register typically associated with ministerial authority. His role is further constructed through activation, where he appears as the grammatical subject of action or speech processes, for example, in Table 2 “melempar wacana” (“throwing out discourse”), “bilang dokter umum boleh...” (“said that GPs can...”) in Table 1, and “mikirinnya” (“thought”) in Table 3.

At the same time, categorization strategies recurrently position the Minister in terms of professional background, as in “background kesehatan gk ada” (“no background in health”), (see Table 1) and “bukan dari orang kesehatan” (“not from the health sector”) in Table 3. These instances align with van Leeuwen’s (2008) identification strategies, where actors are represented through social or institutional attributes rather than personal identity. In the dataset, categorization is frequently combined with negative appraisal, as in

“keblinger” (“off-track”) (see Table 4) and “kaga sehat” (“not ‘healthy’”) in Table 1. These lexical choices evaluatively classify the Minister in terms of judgment rather than role-neutral description, working alongside determination to construct a morally or cognitively marked identity. In several excerpts, this pattern is further extended through overdetermination, where the Minister is simultaneously associated with multiple occupational identities, such as “bankir” (“banker”) in Table 3. Here, the combination of professional affiliation and ministerial role foregrounds tensions in how his institutional position is represented.

Taken together, the examples in this subsection show a pattern in how the Minister of Health is represented in the discourse. He is repeatedly constructed as an active figure, particularly through activation and frequent nomination, where he is named, referred to, and positioned as the one who speaks or initiates action. At the same time, his identity is reshaped through informal nomination, categorization based on professional background, determination, and, in some cases, overdetermination, where more than one occupational role is associated with him. Through this combination of strategies, the representation becomes more personalized, and questions of

expertise and institutional alignment are expressed not only through what the Minister is said to do, but also through how he is addressed.

The Minister of Health Representing the Cabinet

This subsection examines how responsibility is expanded and diffused through the collective representation of the cabinet as a single social actor.

Across several posts, the cabinet is not depicted as a set of distinct officeholders but is instead assimilated into an undifferentiated entity through a collectivization strategy. Tables 5 and 6 present excerpts in which this strategy is realized, showing how ministers are grouped into a single evaluative target.

Table 5

Post Quotation #5

“Byk Mentrinya Prabowo dari titipan Jokowi yg bukan sesuai keilmuannya. Menkes ini Mantan Bankir puluhan tahun sama Jokowi dijadikan Menkes, akhirnya amburadul urusan kesehatan Rakyat, nasib dan tugas para dokter.”

Post Excerpt	Social Actor	Representation Strategy	Interpretation
<p><i>“Byk Mentrinya Prabowo dari titipan Jokowi yg bukan sesuai keilmuannya.”</i></p> <p>Translation: “Many of Prabowo's ministers are Jokowi's appointees who do not match their field of expertise.”</p>	Ministers, Jokowi (Former President)	<ul style="list-style-type: none"> - Assimilation via Collectivization - Inclusion via Activation (Jokowi) 	The phrase “Many of Prabowo's ministers” uses the plural form to group multiple individual actors into an undifferentiated collective, a clear example of aggregation. Jokowi is explicitly activated as the one assigning (“appointees”).
<p><i>“Menkes ini Mantan Bankir puluhan tahun sama Jokowi dijadikan Menkes”</i></p> <p>Translation: “This Health Minister is a former banker for decades, appointed by Jokowi as Minister of Health.”</p>	Minister of Health, Jokowi (Former President)	<ul style="list-style-type: none"> - Determination via Overdetermination (Minister of Health) - Passivation via Subjection (Minister of Health) - Inclusion via Activation (Jokowi) 	The Minister is defined by his past identity as a former banker, and placed in contradiction with his current role, illustrating overdetermination. He is not portrayed as earning the ministerial role but as a recipient, passivated in the phrase “appointed as Minister of Health”, where the action is imposed upon him. Jokowi is activated as the agent who appointed him, reinforcing the narrative that the Minister’s position results from political placement rather than medical/professional merit.
<p><i>“akhirnya amburadul urusan kesehatan Rakyat, nasib dan tugas para dokter.”</i></p> <p>Translation: “as a result, the public health sector, along with the fate and duties of doctors, is in disarray.”</p>	People, Doctors	<ul style="list-style-type: none"> - Passivation via Beneficialization (People) - Genericization (Doctors) 	Both doctors and the people are portrayed as the affected parties (beneficiaries). The use of “doctors” generalizes all doctors as a group rather than specifying an individual.

Table 6

Post Quotation #6

*“ini satu kabinet g***** semua. kebijakan yg diambil pada ga masuk akal dan ga menguntungkan pihak manapun. emang kalo ga punya kemampuan untuk berpikir kritis, ngomongnya pasti asal jeplak.”*

Post Excerpt	Social Actor	Representation Strategy	Interpretation
<p><i>“ini satu kabinet g**** semua.”</i></p> <p>Translation: “This whole cabinet is completely stupid.”</p>	The Cabinet	<ul style="list-style-type: none"> - Assimilation via Collectivization - Categorization via Appraisal 	The phrase “whole cabinet” represents the cabinet as a collective group, not as individual ministers but as one unit. This strategy proposes the idea of collective failure. There are no personal names. The label “completely stupid” is a strong negative appraisal, emphasizing a judgment rather than role-based classification.
<p><i>“kebijakan yg diambil pada ga masuk akal dan ga menguntungkan pihak manapun. emang kalo ga punya kemampuan untuk berpikir kritis, ngomongnya pasti asal jeplak.”</i></p> <p>Translation: “The policies they make are irrational and benefit no</p>	The Cabinet/ Policymakers	<ul style="list-style-type: none"> - Impersonalization via Abstraction - Objectivation via Utterance - Autonomization 	Abstraction is observed through the use of vague quality phrases such as “inability to think critically” and “policy that benefits no one”. These abstract terms do not refer to specific actions but instead assign broad traits to the actors. Moreover, the phrase “what they speak is just blurted out without thought” exemplifies utterance autonomization, where the speaker is represented indirectly through their utterance rather than named

one. If they don't have the ability to think critically, of course, what they speak is just blurted out without thought."

directly. In this case, the use of "speak" nominalizes the act of speaking and shifts the focus from the speaker to the utterance.

Users express this through combining multiple officeholders into phrases like *"byk mentrinya Prabowo.."* ("many of the Prabowo's ministers..") in Table 5 or *"satu kabinet g***** semua"* ("whole cabinet completely stupid") in Table 6. This way of speaking erases nuance by refusing differentiation, treating the entire executive collective as uniformly deficient. Within van Leeuwen's framework of social actor representation, collectivization assimilates multiple actors into a single category (van Leeuwen, 2008), thereby suggesting a redistribution of agency attribution from identifiable individuals to an institutional whole. The cabinet becomes a symbol of widespread dysfunction, broadening the critique and making it harder to counter by highlighting individual exceptions. This overall image is supported by an appraisal strategy, in which critical language assigns fault to the whole group. Labels like "completely stupid" in Table 6 turn institutional criticism into a judgment.

This pattern can be further situated within a linguistic perspective on politicization in government communication, particularly through discussions of actor representation and subjectivity in social media discourse (De Paula & Hansson, 2025). Although their framework is applied to official government messaging, it offers useful analytical insights into how language assigns responsibility and evaluates in politicized online

environments. It argues that references to actors: whether individuals, institutions, or collectives, are linguistically consequential because they shape how accountability is constructed (DePaula & Hansson, 2025). In this case, the cabinet is linguistically foregrounded as a collective actor, enabling users to attribute failure broadly while bypassing engagement with specific policy details.

GPs and OB-GYNs as Contrasting Social Actors in the Discourse

GPs are predominantly represented under a functionalization strategy, referred to as "general practitioner" without any individuated status. Their proposed involvement in C-sections is framed as controversial, and they are rarely depicted as competent actors. In several posts, they are passivated, for example, *"dokter umum yg dikasih kewenangan untuk SC"* ("GPs were given authority to do C-section") in Table 7. This phrasing suggests that their authority comes from external sources rather than from internal development, implying a lack of inherent competence. They are also identified not as individuals with voices or perspectives, but as roles within a healthcare machinery, described in terms of what they do or are supposed to do. In other posts, they are activated in hypothetical or sarcastic ways, drawing attention to the perceived risks of role overreach.

Table 7

Post Quotation #7

"Pak Menteri Yth. Permudah PPDS, wabil khusus dalam konteks ini ObGyn, agar dokter spesialis obgyn semakin banyak, jangan dokter umum yg dikasih kewenangan untuk SC. Anda ini orang pintar tapi kok bikin kebijakan bodoh"

Post Excerpt	Social Actor	Representation Strategy	Interpretation
<i>"Pak Menteri Yth."</i> Translation: <i>"Dear Mr. Minister."</i>	Minister of Health	- Nomination via Titulation and Formalization	The actor is directly addressed with the title "Pak Menteri Yth." This is a formal appellation using an honorific ("Dear") and an official role ("Mr. Minister"), which constitutes a titulation and a formalization.
<i>"Permudah PPDS, wabil khusus dalam konteks ini ObGyn, agar dokter spesialis obgyn semakin banyak"</i> Translation: <i>"Please ease access to the residency program (PPDS), especially in this context for ObGyn, so that there will be more ObGyn specialists."</i>	OB-GYNs	- Passivation via Beneficialization - Functionalization via Categorization	OB-GYNs are passivated; they are beneficiaries of the proposed policy ("ease access to residency"). They are also functionally defined by their professional role.
<i>"jangan dokter umum yg dikasih kewenangan untuk SC"</i> Translation: <i>"Don't give GP the authority to perform C-section."</i>	GPs	- Passivation via Subjection - Categorization via Functionalization	GPs are represented as recipients of an action, not as active agents. The phrase "given the authority" puts them in the role of grammatical goal (object), typical of subjection. GPs are also referred to solely by their professional role, which reflects functionalization.
<i>"Anda ini orang pintar tapi kok bikin kebijakan bodoh"</i>	Minister of Health	- Nomination via Informalization - Categorization via	The Minister is personalized through the second-person pronoun "You", which also reflects informalized nomination, as it uses everyday

Translation: “You are an intelligent person, but why are you making such a foolish policy?”	Appraisalment	language (“intelligent person”) that reduces social distance. The sentence carries a sharp evaluative tone. It contrasts a positive appraisal of the minister’s intellect with a negative view of the policy (“foolish”), highlighting a contradiction.
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On the other hand, OB-GYNs are seen as capable but underutilized social actors. They are mostly passivated and beneficialized, portrayed as rightful recipients of systemic support rather than being active actors inside the policy discourse. Beneficialization can occur through participation, where the social actor functions as a recipient in a material process or as a receiver in a verbal process, an approach rooted in Halliday’s transitivity system and incorporated into Van Leeuwen’s (2008) framework (see also Halliday, 1985). In this context, statements like “*permudah PPDS*” (“ease residency program”) in Table 7 or “*dokter obgyn yg udh ada ditawarin gaji gede biar bs k daerah2*” (“offer higher salaries to existing OB-GYNs so they can be sent to rural areas”) in Table 3 reinforce the notion that specialists are crucial to improving maternal care access but are being neglected. Again, functionalization applies: they are named strictly by their institutional role, “specialist,” rather than by personal characteristics or name, and their increased presence is constructed as a rational solution to maternal healthcare. The contrast between

specialists as under-supported and GPs as over-empowered created a debated line of medical expertise and appropriate task allocation.

Rhetorical Questions and Strategic Abstraction in Policy Critique

A recurring tone among users is the use of rhetorical questions and hypothetical scenarios to dramatize potential harms and challenge the rationale for policy. A particularly illustrative case appears in the post: “*Mau ga kalo keluarga anda sendiri di-SC sama dokter umum?*” (“Would you want your own family to have a C-section done by a GP?”) in Table 8. Here, the rhetorical question is filled with sarcasm and moral challenge. The Minister of Health is formally nominated by “*Anda*” (“You”) in Tables 7 and 8 and assigned direct responsibility. The Minister’s family is marked by a single-determination strategy (framed not as the public but as “your own family”). They are also involved in a beneficialization strategy, hypothetically receiving the policy’s outcomes.

Table 8
Post Quotation #8

“*Pentingnya mempekerjakan orang sesuai kompetensinya, terutama pekerjaan yg menyangkut banyak orang seperti pemangku kebijakan. Ini blunder banget sih. Menurut anda kenapa perlu sekolah ppds untuk dapet kompetensi SC? Mau ga kalo keluarga anda sendiri di-SC sama dokter umum?*”

Post Excerpt	Social Actor	Representation Strategy	Interpretation
<p>“<i>Pentingnya mempekerjakan orang sesuai kompetensinya, terutama pekerjaan yg menyangkut banyak orang seperti pemangku kebijakan.</i>”</p> <p>Translation: “The importance of employing people according to their competencies, especially for roles that affect many people, like policymakers.”</p>	<p>Minister of Health, Policymakers, General Public</p>	<ul style="list-style-type: none"> - Exclusion via Backgrounding (Minister of Health) - Impersonalization via Abstraction (Minister of Health) 	<p>The Minister of Health is excluded from direct mention, representing a case of backgrounding. Instead of naming the individual responsible, the critique is delivered through abstract references such as “competence.”/ This strategy allows the speaker to evaluate the actor indirectly, assigning the quality of incompetence without stating it outright. Here, the focus on “competence” rather than explicit failure generalizes the critique.</p>
<p>“<i>Ini blunder banget sih.</i>”</p> <p>Translation: “<i>This is a major blunder.</i>”</p>	<p>Minister of Health or Policymakers (implied)</p>	<ul style="list-style-type: none"> - Exclusion via Backgrounding 	<p>The actor responsible for the “blunder” is excluded (not directly named).</p>
<p>“<i>Menurut anda kenapa perlu sekolah PPDS untuk dapet kompetensi SC?</i>”</p> <p>Translation: “In your opinion, why is a specialist residency program (PPDS) necessary to gain the competence to perform C-section?”</p>	<p>Minister of Health, OB-GYNs</p>	<ul style="list-style-type: none"> - Nomination via Informalization (Minister of Health) - Passivation via Beneficialization (OB-GYNs) 	<p>The Minister is addressed personally and directly through “you”, indicating nomination. Specialists are referred to by their role as recipients of surgical competence through a specialist program. They are not active but are positioned as beneficiaries of training.</p>
<p>“<i>Mau ga kalo keluarga anda sendiri di-SC sama dokter umum?</i>”</p> <p>Translation: “Would you be okay if your own</p>	<p>Minister of Health, GPs, Minister’s family</p>	<ul style="list-style-type: none"> - Nomination via Informalization (Minister of Health) - Personalization via Single Determination (Minister of Health) 	<p>The Minister is indirectly referenced again via the informal and sarcastic tone, shifting the blame personally. The Minister’s family (“your own family”) is personalized and singled out (not part of a group), and beneficialized; they are</p>

family underwent a C-section performed by a GP?"	- Passivation, Beneficialization (Minister's family as patients) - Activation (GPs) - Functionalization (GPs)	the hypothetical receivers of medical action. GPs are activated as agents performing SC, functionalized by profession.
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These narratives use emotional proximity and personalization to underline the importance of surgical competence. Rather than remaining in the area of policy critique, the discourse often shifts toward real or imagined harm situations, such as the hypothetical suffering of one's own family. The use of sarcasm and absurdity becomes a tool for exaggeration and exposure of perceived flaws in the policy. This can be particularly seen in rhetorical posts like “Kenapa bukan bidan dan perawat aja yg melakukan operasi Caesar?” (“Why aren't midwives and nurses the ones doing C-section?”) or “operasinya di garasi mobil aja.” (“just do the surgery in the garage”) in Table 9. Here, midwives and nurses are genericized and functionalized based on professional role, while the location (“garage”)

ridicules the medical setting through intentional spatial absurdity.

Further, impersonalization utilization through the abstraction strategy appeared in several posts within this study. Instead of employing concrete terms, users sometimes referred to social actors by attributing abstract labels to them, as seen in expressions such as “kompetensi” (“competencies”) in Tables 2 and 8 and “jalan pintas yang embuh” (“vague shortcut”) in Table 10. In these instances, the representation shifts away from specific actions. Instead, it conveys a generalized characterization that simplifies the actors' behavior. These findings align with van Leeuwen's notion of abstraction, whereby social actors are represented by a quality assigned to them within the discourse (Leeuwen, 2008).

Table 9
Post Quotation #9

“Kenapa bukan bidan dan perawat aja yg melakukan operasi Caesar?? Jadi gak perlu ada spesialis obgyn dan anestesi... Operasi nya pun bisa di garasi mobil aja.”

Post Excerpt	Social Actor	Representation Strategy	Interpretation
“Kenapa bukan bidan dan perawat aja yg melakukan operasi Caesar ??” Translation: “Why not just let midwives and nurses perform C-section surgeries??”	Midwives and Nurses, Minister of Health (implied)	- Genericization (Midwives and Nurses) - Functionalization (Midwives and Nurses) - Exclusion via Suppression (Minister of Health/Policymakers)	Midwives and nurses are represented generically by occupational role and functionalized based on surgical capacity. The policymakers are suppressed, not named, but clearly targeted as the critique object. The question is rhetorical, exaggerating the logic of delegating SC to non-specialists by applying it even more broadly to other non-surgeons.
“Jadi gak perlu ada spesialis obgyn dan anestesi... Operasi nya pun bisa di garasi mobil aja.” Translation: “That way there would be no need for ObGyn or anesthesia specialists...The surgery could even be done in a garage.”	OB-GYNs, Anesthesiologists	- Genericization (OB-GYNs, Anesthesiologists) - Functionalization (OB-GYNs, Anesthesiologists) - Exclusion, Suppression (Minister of Health/Policymakers)	OB-GYNs and anesthesiologists are referenced through functionalization and genericization, representing them solely by their roles as a group. The sarcastic tone exaggerates the policy's impact, implying that even a garage would suffice, mocking it by downplaying its effects. The Minister remains excluded but is still criticized.

Table 10
Post Quotation #10

“bukannya memperbaiki fasilitas kesehatan di tiap2 daerah sampai jadi layak, tp milih jalan pintas yang embuh. kalau dokter umum akhirnya punya sertifikasi bisa operasi SC, tapi fasilitasnya masih gak layak yaaa apa bedanyaaaa pak menkes. Menghadehhh”

Post Excerpt	Social Actor	Representation Strategy	Interpretation
“Bukannya memperbaiki fasilitas kesehatan di tiap2 daerah sampai jadi layak, tp milih jalan pintas yang embuh” Translation: “Instead of improving healthcare facilities in every region to make them adequate, a vague shortcut is being chosen.”	Minister of Health/ Policymakers (implied)	- Exclusion via Backgrounding (Minister of Health/Policymakers) - Impersonalization via Abstraction	The actor responsible for infrastructure reform (e.g., the Minister) is not explicitly mentioned but can be inferred; this is backgrounding. Then, the term “vague shortcut” represents an abstract characterization of a policy decision. Rather than describing a specific action, the user uses an abstract term to convey disapproval.
“Kalau dokter umum akhirnya	GPs	- Categorization via	GPs are defined by their professional

<i>punya sertifikasi bisa operasi SC</i>		Functionalization - Genericization	function and are referred to generically, not as individuals.
Translation: "If GPs eventually get certified to perform C-section."			
<i>"Tapi fasilitasnya masih gak layak yaaa apa bedanyaaaa pak menkes"</i>	Minister of Health	- Nomination via Informalization (Minister of Health)	"Pak Menkes" ("Mr. Minister of Health," abbreviated) is an informalized nomination of the Minister of Health, personalizing him casually to challenge his responsibility.
Translation: "But the facilities are still inadequate, then what's the difference, Minister?"			

A similar linguistic mechanism is observed in Ahlstrand's (2021) CDA of political reporting in Indonesian online news media, where the press constructed a discourse of political rumors through abstraction and impersonalization. Ahlstrand identifies this under the theme of "constructing conjecture", a strategy that allows rumors to be presented as plausible truths by obscuring agency and emphasizing evaluative impressions over factual detail. Through vagueness, the media portrayed controversial actions as generalized consensus or common suspicion, thereby avoiding direct attribution while still reinforcing ideological positioning (Ahlstrand, 2021). Moreover, according to the Linguistic Category Model developed by Semin and Fiedler, people tend to use more abstract language when describing positive behaviors of in-group members or close others, and, conversely, to use abstraction when describing negative behaviors of out-group members or distant others (Reitsman-van Rooijen, 2007). In this research context, the abstraction used to criticize the Minister indicates a communicative strategy that reflects social and emotional distancing from the actor. Nonetheless, this tendency is not uniform across all of the

samples used in this research; most posts also used concrete terms and directly mentioned the actor, thus applying personalization strategies.

Framing Pregnant Women as Vulnerable Social Actors

Across several posts, pregnant women are represented through the linguistic strategy of beneficialization, in which they are depicted as recipients of care rather than active participants in medical decision-making. For example, statements like "*meningkatkan pasien safety*" ("improve patient safety") and "*mencegah kedaruratan pada wanita hamil*" ("prevent emergencies in pregnant women") in Table 11 place these actors in a grammatically passive role. The verbs ("improve," "prevent") leave out the unnamed policy agents while showing patients and pregnant women as the affected parties. The absence of explicit human agents behind these actions further increases this passivation. Here, exclusion and backgrounding work in tandem with beneficialization to highlight what needs to be done for vulnerable groups, without clarifying who should or will do it.

Table 11
Post Quotation #11

"Kata kuncinya 'dulu'. Dulu awalnya dokter umum ngerjain semua, tp krn begitu byk bidang dan kejadian yg tidak diinginkan akhirnya muncul spesialis, biar lebih terfokus dan meningkatkan pasien safety. Harusnya fokus ke distribusi spog dan mencegah kedaruratan pd wanita hamil"

Post Excerpt	Social Actor	Representation Strategy	Interpretation
Whole Excerpt	Minister of Health/Policy-makers	- Exclusion via Backgrounding	The policymakers or the Minister are excluded and backgrounded, as they are indirectly given criticism without being explicitly mentioned.
<i>"dulu awalnya dokter umum ngerjain semua"</i> Translation: "In the past, GPs handled everything."	GPs	- Categorization via Functionalization	GPs are shown as initially handling all tasks; functionalization marks their role based on what they do.
<i>"krn begitu byk bidang dan kejadian yg tidak diinginkan akhirnya muncul spesialis"</i> Translation: "Because there were so many fields and unwanted incidents, specialists eventually emerged."	OB-GYNs	- Inclusion via Activation - Categorization via Functionalization	Specialists are activated to address complex needs and functionalized in response to negative events and the growing medical complexity.
<i>"biar lebih terfokus dan"</i>	Patients	- Passivation via	Patients benefit from the presence of

meningkatkan pasien safety”

Beneficialization

specialists, showing beneficialization in a healthcare context.

Translation:

“so things could be more focused and improve patient safety.”

In addition to beneficialization, another way to discuss pregnant women and babies is through relational identification, shifting away from medical terms like “patients.” For example, the phrase “*operasi caesar itu jg rumit, krn menyangkut 2 nyawa, bayi dan perut ibunya*” (“a cesarean operation is also complicated because it involves two lives, the baby and the mother’s womb”) in Table 4 portrays these individuals not as statistics, but as emotionally relatable subjects. This construction also reflects association, a strategy in which different social actors are grouped according to situational context (Leeuwen, 2008). Although not labelled as a unit, the baby and mother appear together and are connected through relational possessives. Their grouping highlights shared risk and raises the ethical stakes of the policy discussion. The emotional weight of this language invites empathy, grounding the conversation in real human impacts rather than abstract policy results.

Furthermore, the term “the mother’s womb” represents objectification through somatization, in which a specific body part represents the mother. This form of metonymy draws attention to the physical and emotional stakes of the surgery, pointing out maternal vulnerability. Discursive metonymy commonly arises in scientific texts through syntagmatic adjacency and the reduction of syntactic constructions, in which a part of the subject (e.g., the womb) stands for the whole person (the mother). As a form of parole, this metonymy emerges contextually in discourse rather than as a fixed medical term (lexicalized metonymy/langue), drawing attention to specific elements of vulnerability or consequence while omitting the full complexity of the subject’s identity (Gabidullina et al., 2021). Interestingly, this strategy is also frequent in political debates, where metonymy, along with metaphor, is used to make language more emotional, helping the audience understand abstract issues (Amanda, 2017).

CONCLUSION

It is evident that Indonesian social media users employ a range of linguistic strategies to express their stance on the policy allowing GPs to perform C-sections, recurrently positioning different social actors through patterns identified using van Leeuwen’s Social Actor Representation framework. The findings indicate a strong tendency toward personalization and activation in representations of the Minister of Health, who is frequently nominated through informal or detitulated forms rather than an honorific title. This nomination is commonly

accompanied by activation, positioning the Minister as the doer of the action, and is often reinforced by appraisal, where evaluative categorization linguistically attributes competence or fault. Alongside these personalization strategies, impersonalization also appears through abstraction or objectivation, allowing the policy or institutional processes to be referenced without specifying individual responsibility. In contrast, GPs and OB-GYNs are typically included but passivated, referred to primarily through professional categories rather than as named individuals, and positioned as subjects of policy directives rather than as decision-makers. Pregnant women or patients are even more marginally represented and, when included, are most often constructed through beneficialization, appearing as recipients of policy outcomes rather than as speaking or acting participants.

Overall, this study demonstrates the theoretical value of van Leeuwen’s Social Actor Representation framework for examining recurring representational patterns in how social actors are referred to and positioned in everyday digital discourse, particularly in debates surrounding healthcare policy. By showing how certain actors are consistently foregrounded as accountable decision-makers while others are linguistically backgrounded or passivated, this study contributes to applied linguistic research on the negotiation of political authority outside formal policy texts. Practically, the findings highlight how public discussions of sensitive health policies may reproduce asymmetries in visibility, with implications for how healthcare professionals and patients are positioned in public debate. Future research could benefit from expanding this lens to include Leeuwen’s broader representational categories, particularly those related to the representation of social actions, as well as the temporal and spatial aspects of discourse.

REFERENCES

- Ahlstrand, J. L. (2021). Strategies of ideological polarisation in the online news media: A social actor analysis of Megawati Soekarnoputri. *Discourse & Society*, 32(1), 64-80. <https://doi.org/10.1177/0957926520961634>
- Amanda, E. (2017). Metaphor, metonymy, and voice in political debates: A discourse analysis study. *Applied Linguistics Research Journal*, 1(1), 41–48. <https://doi.org/10.14744/alrj.2017.58077>
- Apriliani, R. (2022). Critical Discourse Analysis Norman Fairclough pidato Sri Sultan Hamengkubuwono X dalam merespon

- pandemi COVID-19 [Norman Fairclough's critical discourse analysis in Sri Sultan Hamengkubuwono X's speech in responding to the COVID-19 pandemic]. *IMPRESI: Jurnal Ilmiah Media, Public Relations, dan Komunikasi*, 3(2), 30–41.
<https://jurnal.uns.ac.id/impresi/article/view/Riski%20Apriliani>
- Bull, P., & Fetzer, A. (2006). Who are we and who are you? The strategic use of forms of address in political interviews. *Text & Talk*, 26(1), 3–37. <https://doi.org/10.1515/TEXT.2006.002>
- DePaula, N., & Hansson, S. (2025). Politicization of government social media communication: A linguistic framework and case study. *Social Media + Society*, 11(2).
<https://doi.org/10.1177/20563051251333486>
- Efendi, F., Sebayang, S. K., Astutik, E., Hadisyatmana, S., Has, E. M. M., & Kuswanto, H. (2020). Determinants of safe delivery utilization among Indonesian women in eastern part of Indonesia. *F1000Research*, 9, 332.
<https://doi.org/10.12688/f1000research.23324.2>
- Gabidullina, A., Sokolova, A., Kolesnichenko, E., Zharikova, M., & Shlapakov, O. (2021). Metonymy in scientific linguistic discourse. *Linguistics and Culture Review*, 5(S4), 71–83.
<https://doi.org/10.21744/lingcure.v5nS4.1556>
- Gong, J., Firdaus, A., Aksar, I. A., Alivi, M. A., & Xu, J. (2023). Intertextuality and ideology: Social actor's representation in handling of COVID-19 from China daily. *Journalism*, 24(12), 14648849231157243.
<https://doi.org/10.1177/14648849231157243>
- Halliday, M. A. K. (1985). *An introduction to functional grammar* (1st ed.). Edward Arnold.
- Kirvalidze, N., & Samnidze, N. (2016). Political discourse as a subject of interdisciplinary studies. *Journal of Teaching and Education*, 5(1), 161–170.
<https://eprints.iliauni.edu.ge/4676/>
- Kopf, S. (2025). Unravelling social media critical discourse studies (SM-CDS) – four approaches to studying social media through the critical lens. *Critical Discourse Studies*, 1–18.
<https://doi.org/10.1080/17405904.2025.2463622>
- Lazard, A. J., Wilcox, G. B., Tuttle, H. M., Glowacki, E. M., & Pikowski, J. (2017). Public reactions to e-cigarette regulations on Twitter: a text mining analysis. *Tobacco control*, 26(e2), e112–e116.
<https://doi.org/10.1136/tobaccocontrol-2016-053295>
- Lupton, D. (2014). Health promotion in the digital era: A critical commentary. *Health Promotion International*, 30(1), 174–183.
<https://doi.org/10.1093/heapro/dau091>
- Liando, N. V. F., Tatipang, D. P., Rorimpandey, R., & Karisi, Y. (2022). Easing the rules of health protocols: A critical discourse analysis of Indonesian president's speech on Covid-19 handling in 2022. *Englisia: Journal of Language, Education, and Humanities*, 10(1), 127–145.
<https://doi.org/10.22373/ej.v10i1.13755>
- Mardianti D. L. (2025). Kementerian kesehatan usulkan dokter umum bisa operasi caesar [Ministry of Health proposes that general practitioners be allowed to perform C-sections]. *Tempo* (Online).
<https://www.tempo.co/politik/kementerian-kesehatan-usulkan-dokter-umum-bisa-operasi-caesar-1434190>
- Reitsma-van Rooijen, M. (2007). The effect of linguistic abstraction on interpersonal distance. *European Journal of Social Psychology*, 37(5), 817–823. <https://doi.org/10.1002/ejsp.410>
- Seale, C. (2003). Health and media: An overview. *Sociology of Health & Illness*, 25(6), 513–531.
<https://doi.org/10.1111/1467-9566.t01-1-00356>
- Singh, M. (2025). Exploring multimodal and critical dimensions in discourse analysis: Theoretical foundations and methodological approaches. *International Journal of English Literature and Social Sciences*, 10(3), 408–418.
<https://doi.org/10.22161/ijels.103.59>
- Valerevna, P. V., & Rakhmatovna, K. F. (2022). The concept of “political discourse”. *European Scholar Journal*, 3(3).
<https://scholarzest.com/index.php/esj/article/view/1988>
- Van Leeuwen, T. (2008). *Discourse and practice: New tools for critical discourse analysis*. Oxford University Press.
<https://doi.org/10.1093/acprof:oso/9780195323306.001.0001>
- Wenang S, Emilia O, Wahyuni A, Afdal A, Haier J (2024). Obstetrics care in Indonesia: Determinants of maternal mortality and stillbirth rates. *PLoS ONE*, 19(7): e0303590.
<https://doi.org/10.1371/journal.pone.0303590>
- Wodak, R. (2011). Critical linguistics and critical discourse analysis. *Handbook of Pragmatics*. 207–210. <https://doi.org/10.1075/hoph.8.04wod>
- Wodak, R. (2021). Crisis communication and crisis management during COVID-19. *Global Discourse*, 11(3), 329–353.
<https://doi.org/10.1332/204378921X16100431230102>
- World Health Organization. (2012). Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting: WHO recommendations. *World Health Organization*.
<https://www.who.int/publications/i/item/9789241504843>